

**ISSUE SLIP STAPLE AREA (for additional cross-references)**

**ISSUING CLASSIFICATION**

| ISSUING CLASSIFICATION       |  |          |  |   |  |                                   |  |  |  |  |  |
|------------------------------|--|----------|--|---|--|-----------------------------------|--|--|--|--|--|
| ORIGINAL                     |  |          |  |   | CROSS REFERENCE(S)                           |                                   |  |  |  |  |  |
| CLASS                        |  | SUBCLASS |  |   | CLASS  | SUBCLASS (ONE SUBCLASS PER BLOCK) |  |  |  |  |  |
|                              |  |          |  |   |  |                                   |  |  |  |  |  |
| INTERNATIONAL CLASSIFICATION |  |          |  |   |  |                                   |  |  |  |  |  |
|                              |  |          |  |   |  |                                   |  |  |  |  |  |
|                              |  |          |  |   |  |                                   |  |  |  |  |  |
|                              |  |          |  |   |  |                                   |  |  |  |  |  |
|                              |  |          |  | / |  |                                   |  |  |  |  |  |
|                              |  |          |  | / |  |                                   |  |  |  |  |  |
|                              |  |          |  | / |  |                                   |  |  |  |  |  |
|                              |  |          |  | / |  |                                   |  |  |  |  |  |
|                              |  |          |  | / |  |                                   |  |  |  |  |  |
|                              |  |          |  |   | ^ Continued on Issue Slip Inside File Jacket |                                   |  |  |  |  |  |

**^ Continued on Issue Slip Inside File Jacket**

## INDEX OF CLAIMS

|   |       |          |                         |            |   |       |              |   |       |          |
|---|-------|----------|-------------------------|------------|---|-------|--------------|---|-------|----------|
| ✓ | ..... | Rejected | - (Through numeral) ... | Canceled   | N | ..... | Non-elected  | A | ..... | Appeal   |
| = | ..... | Allowed  | + .....                 | Restricted | I | ..... | Interference | O | ..... | Objected |

| Claim | Final                               | Original                            | Date    |
|-------|-------------------------------------|-------------------------------------|---------|
| 1     | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 6-27-03 |
| 2     | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 1-9-04  |
| 3     | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |         |
| 4     | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |         |
| 5     | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |         |
| 6     | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |         |
| 7     | <input type="checkbox"/>            | <input type="checkbox"/>            |         |
| 8     | <input type="checkbox"/>            | <input type="checkbox"/>            |         |
| 9     | <input type="checkbox"/>            | <input type="checkbox"/>            |         |
| 10    | <input type="checkbox"/>            | <input type="checkbox"/>            |         |
| 11    | <input type="checkbox"/>            | <input type="checkbox"/>            |         |
| 12    | <input type="checkbox"/>            | <input type="checkbox"/>            |         |
| 13    | <input type="checkbox"/>            | <input type="checkbox"/>            |         |
| 14    | <input type="checkbox"/>            | <input type="checkbox"/>            |         |
| 15    | <input type="checkbox"/>            | <input type="checkbox"/>            |         |
| 16    | <input type="checkbox"/>            | <input type="checkbox"/>            |         |
| 17    | <input type="checkbox"/>            | <input type="checkbox"/>            |         |
| 18    | <input type="checkbox"/>            | <input type="checkbox"/>            |         |
| 19    | <input type="checkbox"/>            | <input type="checkbox"/>            |         |
| 20    | <input type="checkbox"/>            | <input type="checkbox"/>            |         |
| 21    | <input type="checkbox"/>            | <input type="checkbox"/>            |         |
| 22    | <input type="checkbox"/>            | <input type="checkbox"/>            |         |
| 23    | <input type="checkbox"/>            | <input type="checkbox"/>            |         |
| 24    | <input type="checkbox"/>            | <input type="checkbox"/>            |         |
| 25    | <input type="checkbox"/>            | <input type="checkbox"/>            |         |
| 26    | <input type="checkbox"/>            | <input type="checkbox"/>            |         |
| 27    | <input type="checkbox"/>            | <input type="checkbox"/>            |         |
| 28    | <input type="checkbox"/>            | <input type="checkbox"/>            |         |
| 29    | <input type="checkbox"/>            | <input type="checkbox"/>            |         |
| 30    | <input type="checkbox"/>            | <input type="checkbox"/>            |         |
| 31    | <input type="checkbox"/>            | <input type="checkbox"/>            |         |
| 32    | <input type="checkbox"/>            | <input type="checkbox"/>            |         |
| 33    | <input type="checkbox"/>            | <input type="checkbox"/>            |         |
| 34    | <input type="checkbox"/>            | <input type="checkbox"/>            |         |
| 35    | <input type="checkbox"/>            | <input type="checkbox"/>            |         |
| 36    | <input type="checkbox"/>            | <input type="checkbox"/>            |         |
| 37    | <input type="checkbox"/>            | <input type="checkbox"/>            |         |
| 38    | <input type="checkbox"/>            | <input type="checkbox"/>            |         |
| 39    | <input type="checkbox"/>            | <input type="checkbox"/>            |         |
| 40    | <input type="checkbox"/>            | <input type="checkbox"/>            |         |
| 41    | <input type="checkbox"/>            | <input type="checkbox"/>            |         |
| 42    | <input type="checkbox"/>            | <input type="checkbox"/>            |         |
| 43    | <input type="checkbox"/>            | <input type="checkbox"/>            |         |
| 44    | <input type="checkbox"/>            | <input type="checkbox"/>            |         |
| 45    | <input type="checkbox"/>            | <input type="checkbox"/>            |         |
| 46    | <input type="checkbox"/>            | <input type="checkbox"/>            |         |
| 47    | <input type="checkbox"/>            | <input type="checkbox"/>            |         |
| 48    | <input type="checkbox"/>            | <input type="checkbox"/>            |         |
| 49    | <input type="checkbox"/>            | <input type="checkbox"/>            |         |
| 50    | <input type="checkbox"/>            | <input type="checkbox"/>            |         |

| Claim |          | Date |  |  |  |  |  |
|-------|----------|------|--|--|--|--|--|
| Final | Original |      |  |  |  |  |  |
|       | 51       |      |  |  |  |  |  |
|       | 52       |      |  |  |  |  |  |
|       | 53       |      |  |  |  |  |  |
|       | 54       |      |  |  |  |  |  |
|       | 55       |      |  |  |  |  |  |
|       | 56       |      |  |  |  |  |  |
|       | 57       |      |  |  |  |  |  |
|       | 58       |      |  |  |  |  |  |
|       | 59       |      |  |  |  |  |  |
|       | 60       |      |  |  |  |  |  |
|       | 61       |      |  |  |  |  |  |
|       | 62       |      |  |  |  |  |  |
|       | 63       |      |  |  |  |  |  |
|       | 64       |      |  |  |  |  |  |
|       | 65       |      |  |  |  |  |  |
|       | 66       |      |  |  |  |  |  |
|       | 67       |      |  |  |  |  |  |
|       | 68       |      |  |  |  |  |  |
|       | 69       |      |  |  |  |  |  |
|       | 70       |      |  |  |  |  |  |
|       | 71       |      |  |  |  |  |  |
|       | 72       |      |  |  |  |  |  |
|       | 73       |      |  |  |  |  |  |
|       | 74       |      |  |  |  |  |  |
|       | 75       |      |  |  |  |  |  |
|       | 76       |      |  |  |  |  |  |
|       | 77       |      |  |  |  |  |  |
|       | 78       |      |  |  |  |  |  |
|       | 79       |      |  |  |  |  |  |
|       | 80       |      |  |  |  |  |  |
|       | 81       |      |  |  |  |  |  |
|       | 82       |      |  |  |  |  |  |
|       | 83       |      |  |  |  |  |  |
|       | 84       |      |  |  |  |  |  |
|       | 85       |      |  |  |  |  |  |
|       | 86       |      |  |  |  |  |  |
|       | 87       |      |  |  |  |  |  |
|       | 88       |      |  |  |  |  |  |
|       | 89       |      |  |  |  |  |  |
|       | 90       |      |  |  |  |  |  |
|       | 91       |      |  |  |  |  |  |
|       | 92       |      |  |  |  |  |  |
|       | 93       |      |  |  |  |  |  |
|       | 94       |      |  |  |  |  |  |
|       | 95       |      |  |  |  |  |  |
|       | 96       |      |  |  |  |  |  |
|       | 97       |      |  |  |  |  |  |
|       | 98       |      |  |  |  |  |  |
|       | 99       |      |  |  |  |  |  |
|       | 100      |      |  |  |  |  |  |

| Claim |          | Date |  |
|-------|----------|------|--|
| Final | Original |      |  |
|       | 101      |      |  |
|       | 102      |      |  |
|       | 103      |      |  |
|       | 104      |      |  |
|       | 105      |      |  |
|       | 106      |      |  |
|       | 107      |      |  |
|       | 108      |      |  |
|       | 109      |      |  |
|       | 110      |      |  |
|       | 111      |      |  |
|       | 112      |      |  |
|       | 113      |      |  |
|       | 114      |      |  |
|       | 115      |      |  |
|       | 116      |      |  |
|       | 117      |      |  |
|       | 118      |      |  |
|       | 119      |      |  |
|       | 120      |      |  |
|       | 121      |      |  |
|       | 122      |      |  |
|       | 123      |      |  |
|       | 124      |      |  |
|       | 125      |      |  |
|       | 126      |      |  |
|       | 127      |      |  |
|       | 128      |      |  |
|       | 129      |      |  |
|       | 130      |      |  |
|       | 131      |      |  |
|       | 132      |      |  |
|       | 133      |      |  |
|       | 134      |      |  |
|       | 135      |      |  |
|       | 136      |      |  |
|       | 137      |      |  |
|       | 138      |      |  |
|       | 139      |      |  |
|       | 140      |      |  |
|       | 141      |      |  |
|       | 142      |      |  |
|       | 143      |      |  |
|       | 144      |      |  |
|       | 145      |      |  |
|       | 146      |      |  |
|       | 147      |      |  |
|       | 148      |      |  |
|       | 149      |      |  |
|       | 150      |      |  |

If more than 150 claims or 9 actions staple additional sheet here

**BEST AVAILABLE COPY**

5457  
8/16/02